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Developmental Delays in Homeless Children

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Objectives:

Cite the magnitude of developmental delays among young homeless children relative to housed poor children.

Name one response from the system of care for young children & their families that addresses developmental delays in homeless children.

Developmental Delays in Homeless Children

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DISCLOSURE

- Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care good or services related to the content of this CME activity
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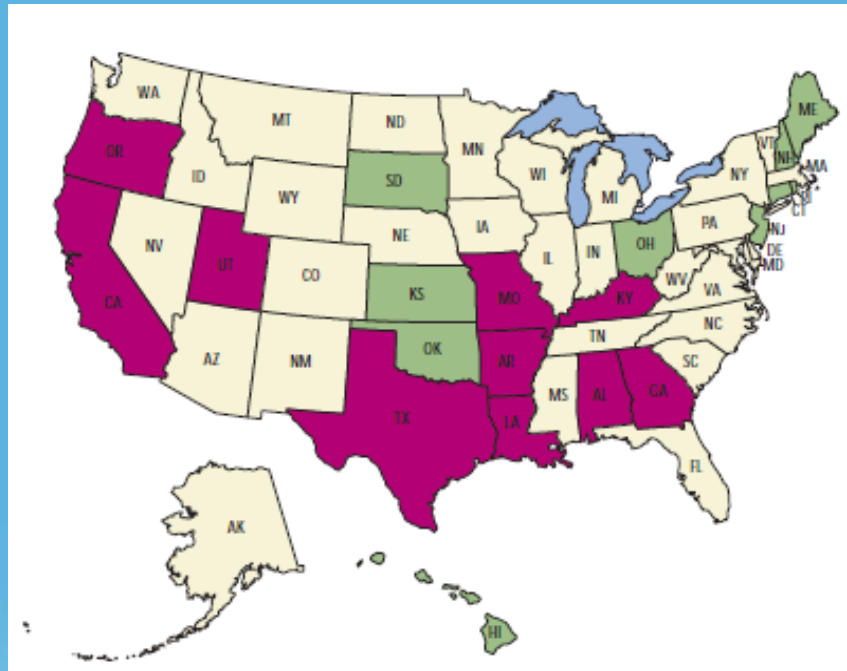
Early childhood homelessness is highly prevalent.

- 2% of American children are homeless in one year
- 1.5 million children per year (over 600,000 families)
- 75% of homeless children reside in 11 states
- 4% of children <1 yo were homeless (1995)
- 42% of children in shelters are <6 yo
 - (vs. 34% general pop.)
- 35% of women in shelters are pregnant
 - (vs. 6% prevalence in general population)

Sources: National Center on Family Homelessness 2009, National Alliance to End Homelessness 2007, National Coalition for the Homeless 2007, Karr (no date), Family Housing Fund 1999

Homeless children as percent of total child population by State

Source: National Center on Family Homelessness 2009



Purple: highest 10 states (#50 LA)

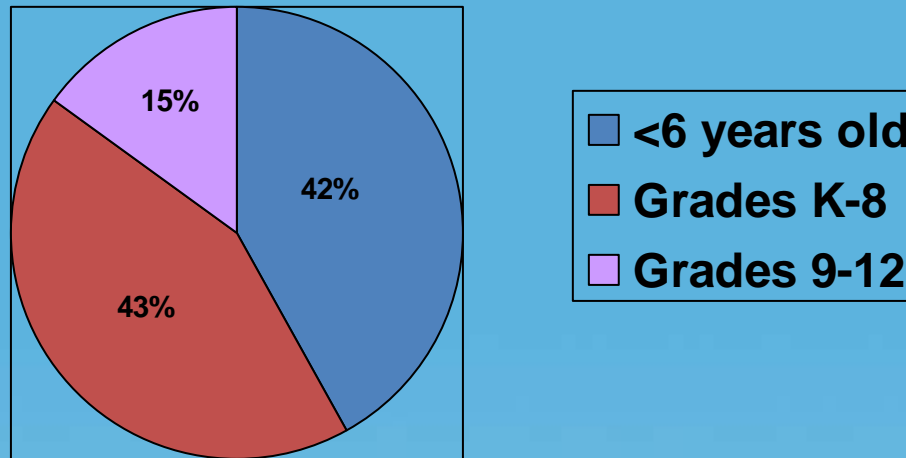
Green: lowest 10 states (#1 RI)

Range 0.34-18.71%

New Mexico's Homeless Children

New Mexico ranks 37th for percent of children homeless

1.76% of New Mexico's children are homeless
=8,919 children



Homelessness is a chronic-recurrent condition.

- 25% of homeless children are homeless more than once
- Children are homeless on average 10 months at a time
- Families in homeless shelters had moved an average of 4 times during the year leading up to entering the shelter

Source: US Department of Health and Human Services 2001

Homeless children live in a high risk environment.

- 84% of homeless children are in families headed by a single mother
- Shelters may mandate separation of parents
- Increased risk of foster home placement
- Shelters are ill equipped for families and young children (lack of cooking facilities, old construction)
- Increased incidence of food insecurity
- Lack of prenatal care (40%)
- Increased prevalence of maternal depression (50%)

Sources: National Center on Family Homelessness 2009, The Better Homes Fund 1999, Bassuk & Rosenberg 1990, Charkin et al. 1987

Homeless children live in high psychosocial & environmental stress.

- Resiliency literature indicates that risk of adverse outcomes due to stress quadruple when stress increases from 1 to 2 stressors
- DC:0-3R: Psychosocial and Environmental Stressor Checklist
- 68-element stressor checklist across 10 domains
- 23 (34%) likely present in homeless families

Homelessness

Poverty

Multiple moves

Food insecurity

Domestic violence

Hospitalization

Parental substance abuse

Discrimination

Parental unemployment

Single parenting

Chronic illness

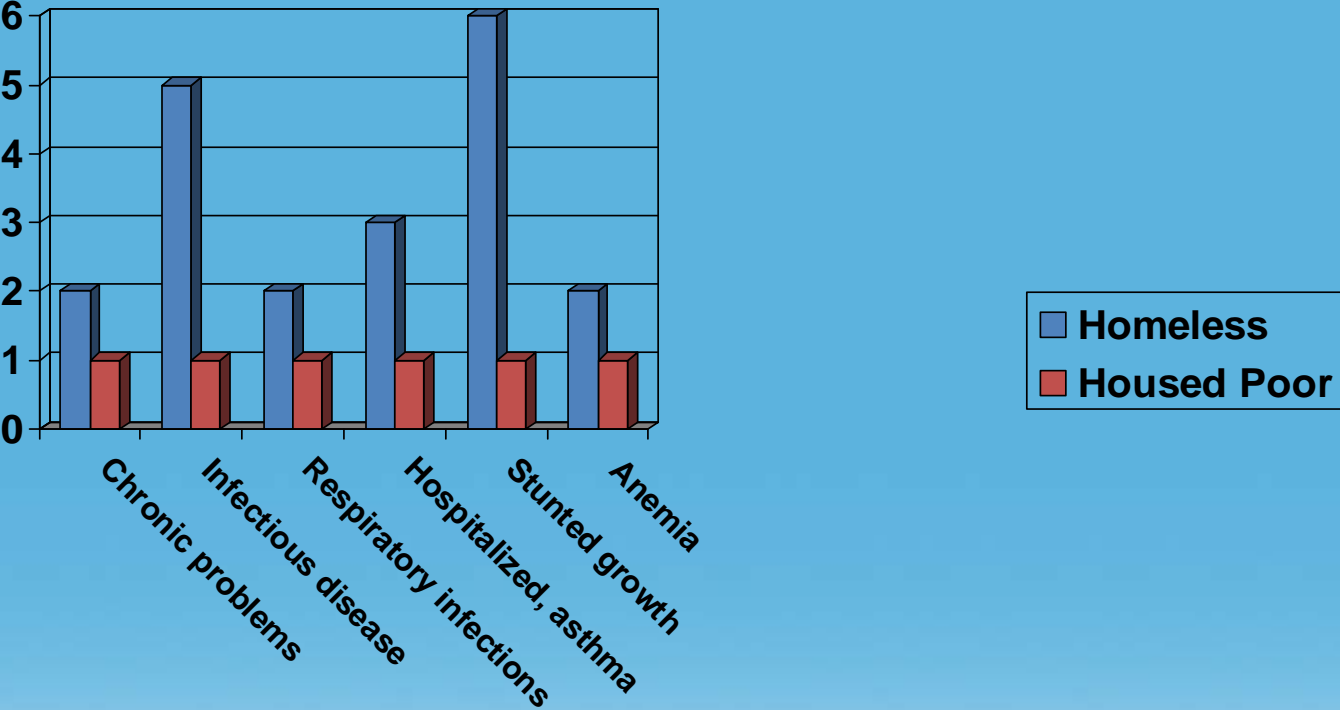
Sources: Rafferty & Shinn 1991,
Zero to Three 2005

Early childhood homelessness is associated with adverse outcomes.

- Increased infant mortality rate, low birth weight
- Malnutrition, increased blood lead levels
- Increased injuries
- Poor health, chronic health conditions, increased hospitalizations
- Immunization delays (half of homeless children)
- <25% of homeless children graduate from HS
- Increased risk for mental health/behavioral issues
 - 20% of preschoolers require professional MH care

Sources: National Center on Family Homelessness 2009, Bernstein et al. 1998, US Conference of Mayors 1987, Dehavenon & Benken 1989, Rafferty & Shinn 1991

Risk of Medical Issues Among Homeless Children Relative to Housed Poor



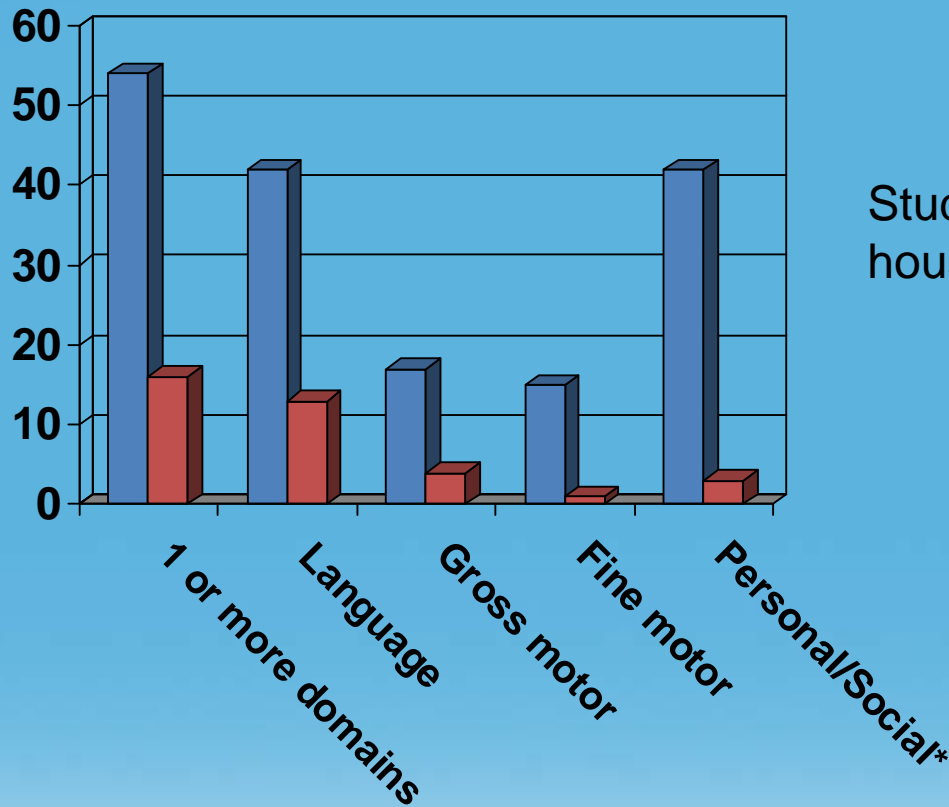
Source: Karr (no date)

Homeless children are at increased risk of developmental delays.

- 4 times more likely to have DD relative to general population
- 75% of homeless children <5 yo have at least 1 major DD (most common delay—speech)
- 44% have 2 or more DD (second most common, fine motor)
- 14% have delays in 4 areas
- 38% exhibit emotional/behavioral problems
 - Short attention span, sleep d/o, withdrawal, aggression, inappropriate interaction with adults

Sources: Grants 1990, Eddins 1993, DeBiase & Waddell 1995, Bassuk & Rosenberg 1998, National Coalition for the Homeless 2007

Percent of Homeless and Housed Poor Children by Developmental Delay Type



Study controlled for single-parent household

■ Homeless
■ Housed Poor

*Authors considered Personal/Social percent for homeless an underestimation because 10-15 families were turned away per week by each shelter and first families excluded were frequently those exhibiting behavioral problems.

Source: Bassuk & Rosenberg 1990

Homeless children lack needed service/interventions

- Shelters impose mobility, separation of families
- Nearly 50% of homeless families are not receiving food stamps or WIC
- Only 15-20% of homeless children are enrolled in early childhood programs compared to 65% of housed poor children

Sources: Knickmann & Weitzman 1989, US House of Representatives Select Committee on Hunger 1987, Rafferty & Shinn 1991

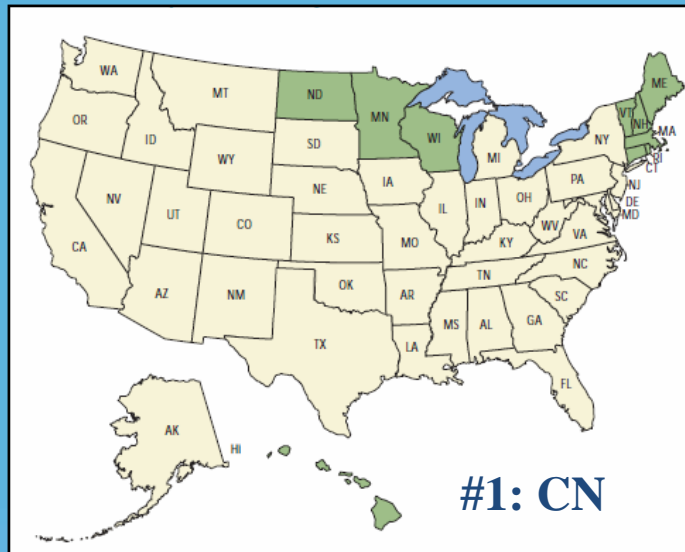
A decorative graphic on the left side of the slide, consisting of a solid blue vertical bar on the far left, followed by a curved, gradient-like shape that transitions from blue to white, resembling a stylized wave or a lens flare.

Interventions To Address Developmental Delays in Young Homeless Children

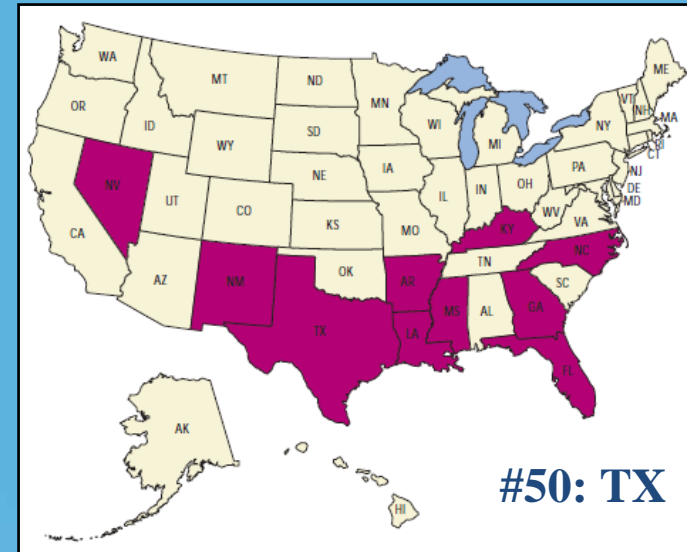
Overall rank by State

(1-50, 1=best)

States ranked 1-10



States ranked 41-50



Based on “report card” composite score for:

- Extent of child homelessness
- Child well-being (food security, health outcomes, educational proficiency)
- Risk for child homelessness (benefits, household structure, housing market, extreme poverty)
- State’s policy & planning efforts

Source: National Center on Family Homelessness 2009

Oregon-New Mexico Comparison Table



Rank



Domain

Extent of child homelessness

Child well-being

Risk for child homelessness

State policy & planning

(+/- State interagency council)

Overall Rank

OREGON

NEW MEXICO

44 2.65% 1.76% 37

4 food insecurity 32
3.8% 5.6%

26 44

Extensive

Inadequate

26 47

Screening for Developmental Delays

- AAP recommends universal screening by standardized tool at 9, 18, 30 months WCC ***and whenever there are concerns***
- Homeless children are a high risk population and warrant developmental screening on a more frequent basis including when hospitalized
- Case management—assessment of housing, food and other essentials
- Homelessness is a chronic condition adversely affecting child development and as such warrants a medical home model and facilitated referral to appropriate services

Philadelphia's Model for Delivering Developmental Services to Homeless Children

- Pennsylvania has defined homelessness as an “at risk” population (for EI services)
- Child Find funding is used to fund a DS position at a homeless shelter
- An EI agency works out of a homeless shelter—site was selected in collaboration with the metro homeless agency and chosen based on space, not on number of families served
- Out-reach services screen all children entering homeless shelters in the city

Source: Edmond 2008

The Minnesota Supportive Housing & Managed Care Pilot

- Study design: case-(matched)control
- Inclusion criteria: long periods of homelessness and complex needs
 - Adults in families & (175) children
 - >60% had been separated from their children for significant period
 - >50% of the children had experienced death of a close friend or family member
 - >50% of the children had witnessed >3 violent events
- Intervention model: housing first, individualized intensive services, trusting relationship-building
- 18-month study period

Source: Hearth Connection 2009

The Minnesota Supportive Housing & Managed Care Pilot

- Findings:
 - 90% of participants remained in stable housing
 - Cost for case management for pilot participants was \$4.4k per person per year
 - Average pilot family adult's service costs were \$976 lower than matched controls
 - Less in-patient
 - Less out-patient mental health
 - Less out-patient medical
 - Average pilot child's service costs were \$297 higher than matched controls
 - Less in-patient mental health
 - Greater out-patient medical

Source: Hearth Connection 2009

The Minnesota Supportive Housing & Managed Care Pilot

- Conclusion:
 - Breaking the cycle of homelessness is not cost-effective in the short-term
 - Breaking the cycle of homelessness is not exorbitantly expensive

Portland's "Shepherd's Door"



- Residence for homeless mothers and their children
- Mothers >18 yo, children <9 (boys), 10 (girls)
- Faith-based
- 12-18-month program
- Wrap-around services and vocational training
- Capacity for 35 families
- For younger children
 - State-certified childcare center on site
 - 4-5 classrooms
 - Capacity for 52 children
 - Mainstreaming

“love, boundaries,
guidance”

“give the children good
memories”

Albuquerque's own
Cuidando los Niños

- Preschool, birth to 5 years old
- Maximum 52 children
- Developmental screening
- ABQ Healthcare for the Homeless Satellite
- Immunizations
- Parent education classes



Preschool room



Toddler room



Infant room



Summary

- Homelessness in early childhood is:
 - Highly prevalent
 - A chronic, recurrent condition
 - A high risk environment for adverse growth & development
- A high percentage of homeless children have significant developmental delays & behavioral issues
- Interventional services are under-utilized by homeless children and families
- There exist models for supporting homeless children and families that suggest strategies for greater access to the system of care and policy change

Limitations

- Research studied sheltered homeless
- More recent research (2009) extrapolated from school data for early childhood homelessness
- Most studies' control groups were families living in poverty
- Paucity of studies after mid 1990's
- Lack of data on infant mental health, attachment, attunement
- Current economic state suggests homelessness, especially for families with children, may be on the rise

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Thank you



Failure to house one child for even one day represents an unacceptable societal failing.

